JUL 2 8 2005

**2**003

PTO/SB/17 (12-04v2)

| index the Panenwork Reduction Act of 1995, no necessors are required to re | Approved for use through 07/31/2006, OMS 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE assound to a collection of information unless it displays a valid OMR control number |
|--|---|
| Effective on 12/08/2004.   | Complete If Known   |

| Fees pursuant to the Consolidat   | ed Appropriatio              | ons Act. 2005 (H.R. 4818. | . ———                               |                      | 000                  |                          |  |
|---|------------------------------|---------------------------|-------------------------------------|----------------------|----------------------|--------------------------|--|
| FEE TRA   |                              |                           |                                     |                      |                      |                          |  |
|   |                              |                           |                                     |                      | y 6, 2004            |                          |  |
| For   | FY 20                        | U5 <sup>-</sup>           | First Named In                      |                      |                      |                          |  |
| Applicant claims small e  | ntity status.                | See 37 CFR 1.27           | Examiner Nam                        |                      | E. Phillips          |                          |  |
|   | · · ·                        |                           | Art Unit                            | 3751                 |                      |                          |  |
| TOTAL AMOUNT OF PAYM  | ENT (\$)                     | 125.00                    | Attorney Docke                      | t No. FOOT10         | 00001000             |                          |  |
| METHOD OF PAYMENT   | (check all t                 | hat apply)                |                                     |                      |                      |                          |  |
| Check Credit Card Money Order None Other (please identify):   |                              |                           |                                     |                      |                      |                          |  |
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|   |                              | ) or underpayments o      |                                     |                      |                      |                          |  |
| 1   | 4 40 and 4 4                 | 7                         |                                     | it any overpaymer    |                      | ide emelië anne          |  |
| WARNING: Information on this<br>Information and authorization   | form may bec<br>on PTO-2038. | ome public. Credit card   | Information should                  | tot pe included on t | nis torin. Prov      | ide cleart cara          |  |
| FEE CALCULATION   |                              |                           |                                     |                      |                      |                          |  |
| 1. BASIC FILING, SEAR   | CH. AND E                    | XAMINATION FEE            | s                                   |                      | •                    |                          |  |
|   | FILING F                     | ees se                    | ARCH FEES                           | EXAMINATIO           |                      |                          |  |
| Application Type  | Fee (\$)                     | nall Entity Fee (\$) Fee  | Small Entity<br>(\$) Fee (\$)       |                      | l) Entity<br>ee (\$) | Fees Paid (\$)           |  |
| Utility   | 300                          | 150 50                    | 0 250                               | 200 1                | 00                   |                          |  |
| Design  | 200                          | 100 10                    | 0 50                                | 130                  | 65                   |                          |  |
| Plant   | 200                          | 100 30                    | 0 150                               | 160                  | 80                   |                          |  |
| Reissue   | 300                          | 150 50                    |                                     | 600 3                | 00                   |                          |  |
| Provisional   | 200                          | 100                       | 0 0                                 | 0                    | 0                    |                          |  |
| 2. EXCESS CLAIM FEE   |                              | 100                       | •                                   |                      | 8                    | mail Entity              |  |
| Fee Description   |                              |                           |                                     | •                    | Fee (\$)             | Fee (\$)                 |  |
| Each claim over 20 (i   |                              |                           |                                     |                      | 50<br>200            | 25<br>100                |  |
| Each independent clai<br>Multiple dependent cl  |                              | ncluding Reissues)        |                                     |                      | 360                  | 180                      |  |
| Total Claims  | Extra Claim                  | s Fee (\$)                | Fee Paid (\$)                       | (                    |                      | endent Claims            |  |
| 36 - 20 or HP =   | 1                            | × 25.00 =                 | 25.00                               |                      | Fee (\$)             | Fee Paid (\$)            |  |
| HP = highest number of total  |                              |                           | F D-14 (\$)                         | _                    |                      |                          |  |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  B - 3 or HP = 1 × 100.00 = 100.00  |                              |                           |                                     |                      |                      |                          |  |
| B - 3 or HP = 1 × 100.00 = 100.00<br>HP = highest number of independent claims paid for, if greater than 3.   |                              |                           |                                     |                      |                      |                          |  |
| 2 ADDI ICATION SIZE CEE   |                              |                           |                                     |                      |                      |                          |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |                              |                           |                                     |                      |                      |                          |  |
| shoots on fraction thereof. See 35 II S.C. 41(aV1)(G) and 37 CFR 1 16(s).   |                              |                           |                                     |                      |                      |                          |  |
| Total Sheets  | Extra Shee                   | ts Number of              | each additional 50                  | or traction there    | of Fee (\$           | Fee Paid (\$)            |  |
| - 100 =   |                              | / 50 =                    | (round up to a                      | whole number)        | *                    |                          |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Pald (\$)  |                              |                           |                                     |                      |                      |                          |  |
| Other (e.g., late filing surcharge):  |                              |                           |                                     |                      |                      |                          |  |
| SUBMITTED BY  |                              | ()                        |                                     |                      |                      |                          |  |
| Signature   | 11/1/20                      | $\nearrow$                | Registration No<br>(Attorney/Agent) | 47,898               | Telephone            | (203) 787-0595           |  |
| Name (Print/Type) Kelly M.  | owek                         | <del> </del>              | [ (Arminey/Agent)                   |                      | Date July            |                          |  |
| Manie (Linio Label Vellà IA.  | WAK                          |                           |                                     |                      |                      | h is to file (and by the |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

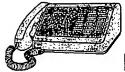
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### **FACSIMILE COVER LETTER**

| Our Ref.:          | FOOT100001000                                 | U.S. Serial No.: | 10/773,630       |
|--------------------|---|------------------|------------------|
| Fax No. Called:    | (571) 273-8300                                | Filed:           | February 6, 2004 |
| Please Deliver To: | Examiner Charles E. Phillips<br>Art Unit 3751 |                  |                  |
| From:              | Kelly M. Nowak                                |                  |                  |
| Date:              | July 28, 2005                                 | Time:            |                  |

We are transmitting 33 pages (including this cover sheet)

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July 28, 2005

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a co lection of Information unless it displays a valid OMB control number. Application Number 10/773.630 Filing Date TRANSMITTAL February 6, 2004 First Named Inventor **FORM** Eric Herbst Arl Unit 3751 Examiner Name Charles E. Phillips (to be used for all correspondence after initial filing) Attorney Docket Number FQQT100001000 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ~ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ~ (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Change of Correspondence Address Status Letter Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Discialmer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name DeLio & Peterson, LLC Signature Printed name Keliy M. Nowak Reg. No. Date 47,898 July 28, 2005 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date

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FOOT100001000

**PATENT** 

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR: Eric Herbst

) EXAMINER: Charles E. Phillips
)

SERIAL NO.: 10/773,630

) ART UNIT: 3751
)

FILING DATE: February 6, 2004

) DATE: July 28, 2005
)

FOR: FOOT OPERATED
FLUSHING APPARATUS
AND METHOD

#### AMENDMENT AFTER FINAL REJECTION

MAIL STOP AF Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Final Rejection Office Action mailed July 18, 2005, please amend the application as follows:

07/29/2005 LWONDIM1 00000041 040566 10773630

01 FC:2202 02 FC:2201 25.00 DA 100.00 DA